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Seeing and holding a stillborn baby: Mothers' feelings in relation to how their babies were presented to them after birth—Findings from an online questionnaire

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ABSTRACT

Objective: to determine if the way caregivers offer opportunities to see and hold a stillborn baby impacts a mother's feelings about the experience of seeing and holding her newborn.
Design and setting: a web questionnaire hosted by the Swedish National Infant Foundation from March 2008 to April 2010.
Participants: 840 eligible participants who had experienced a stillbirth after the 22nd gestational week from 1955 to 2010 and completed an online questionnaire about their experiences.
Methods: descriptive and inferential statistics.
Findings: when mothers were presented the baby as a normal part of birth without being asked if they wanted to see, they more often reported that the experience was comfortable compared to mothers who were asked if they wanted to see the baby 86% vs. 76% ($p = < 0.01$). The incitation of fear in mothers was 70% vs. 80% ($p = 0.02$) in favour of mothers who were not asked. Furthermore the mothers who were not asked more often stated that it felt natural and good when compared to those who said staff asked if the mother wanted to see, 73% vs. 61% ($p = 0.07$) and (78%) vs. (69%) $p = 0.19$, respectively. A trend was seen toward more mothers feeling natural, good, comfortable, and less frightened if the provider engaged in 'assumptive bonding', that is the baby is simply and naturally presented to the mother without asking her to choose.
Key conclusions: mothers of stillborn babies felt more natural, good, comfortable and less frightened if the staff supported assumptive bonding by simply offering the baby to the mother.
Implications for practice: care providers should approach caring for grieving mothers with tenderness and humility, assuming that they will wish to see and hold their stillborn baby.

Introduction

The birth of a stillborn baby is one of the most evocative of all human experiences despite the fact that the understanding of people's perception of death and bereavement is related to different cultural influences (Spector, 2002). Health-care provider attitudes and behaviours, as well as the atmosphere surrounding the stillborn baby's birth, may influence the nature of parents' contact with their baby. In Sweden as in many other countries during the mid-twentieth century, when both birth and death were institutionalised, health-care professionals took over both the management and rituals of stillbirth (Cacciatore and Flint, 2011). Parents were not usually offered the opportunity to see their stillborn baby because the staff believed that this routine would minimise psychological trauma (Lasker and Toedter, 1994). In the late 1970s, and the early 1980s this practice shifted as a result of both professionals in the field and an outcry from bereaved parents. Standards-of-care and best practice guidelines promoted parents having contact with their babies in order to meet and say farewell to their baby (Lewis, 1979) and stillborn babies were treated as live-born babies concerning respect and tenderness (Rådestad et al., 1996).

Studies exploring contact with stillborn babies demonstrate positive outcomes in both mothers perception of the experience and in measurable outcomes such as maternal depression and

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anxiety (Rådestad et al., 2009). In 2008, Cacciatore and Rådestad et al. found that mothers did, indeed, benefit from contact with stillborn babies and, in fact, the mothers who fared worse in psychological outcomes were the mothers who were offered the baby to see and hold yet they declined to do so at the time. Yet, in one small study published in 2002, the authors proposed that women who had contact with their baby following stillbirth were at increased risk of a range of negative psychological sequelae such as depression and anxiety (Hughes et al., 2002). The recommendation arising from this study was that if bereaved parents were reluctant to see and hold their newborn following stillbirth, they should not be encouraged to do so. This recommendation sparked significant controversy at the time of publication (Hughes et al., 2002), a controversy which still endures (Cacciatore et al., 2008). Part of this dispute centres on the counterintuitive nature of Hughes' recommendation: if seeing and holding a live born baby is a normal maternal response, it is illogical to assume that a mother would not also wish to see and hold her baby after stillbirth. Furthermore, Hughes' study failed to fully explore the context under which contact with the stillborn baby occurred or how the mother came to decide whether or not she would have contact with her baby. Exploring these unaddressed questions may provide meaningful data about how mothers respond to seeing and holding their baby, enhancing provider understanding about how best to offer parental contact with the baby. The National Institute for Health and Clinical Excellence (NICE) provides evidence-based guidance for clinical practice. They recommend that parents should be offered informed choice as to whether or not they see and hold their stillborn baby rather than being encouraged to do so (NICE, 2010). However, in a recent study evaluating care after stillbirth, mothers were thankful for being encouraged to see, hold and be with their stillborn baby (Rådestad et al., 2011). In light of these conflicting findings in this area of practice, this piece of research sought to determine if the way in which providers offer opportunities to see and hold a stillborn baby affects a mother's feelings about the process.

Methods

The web questionnaire for this study was conducted from 27 March 2008 to 1 April 2010 on the homepage of the Swedish National Infant Foundation. The foundation supports parents after perinatal loss and is a member organisation of the International Stillbirth Alliance (ISA). The participants were self-recruited after being informed about the study through newspapers, social media venues, and newsletters within the organisation. Informed consent was completed online by participants prior to the start of the survey. The study was approved by the Regional Ethics Committee, Lund, Dnr 467/2006. The inclusion criteria for this study was women who had experienced a stillbirth after the 22nd week of gestation; define as an intrauterine death in Sweden (Socialstyrelsen, 2008), and who were willing to answer questions about their feelings when seeing and holding their stillborn baby. The web questionnaire consisted of 94 items took about 30 mins to answer and were developed on the basis of theoretical knowledge and clinical experience of meeting parents after the loss of a baby. The questionnaire was tested; face-to-face validity by 15 mothers to stillborn babies. Except the two initial questions about seeing and holding it also included a range of questions about memories and rituals, items not covered in this current paper. Demographic information such as maternal age and gestation age was collected.

Participants who selected that they had seen ($n=668$) and/or held ($n=547$) their baby soon after birth with the alternatives 'Yes' or 'No' (whether vaginal or operative) where given some multiple choice alternatives to the question: 'How was the baby presented to you?'; Options were as follows': Staff showed/gave my baby to me without asking'; 'Staff asked if I wanted to see/hold my baby'; 'I asked if I could see/hold my baby' or 'Staff pressured me to see/hold my baby'. The question about holding the baby also included a fifth alternative—'I took the baby in my arms by myself'. Participants were also asked how they felt when they saw and held their baby with the following choices: 'natural', 'good', 'uncomfortable' or 'frightened' and asked to rank their feelings on four point Likert scales (ranging from not at all to very much).

Data analysis

Information gained from questionnaires was entered into SPSS® (SPSS statistical package social sciences version 17, 2007). Demographic data were analysed using the Mann–Whitney *U*-test for ordinal data sets (such as age) and paired *t*-test for categorical data sets (such as marital and employment status) to determine any statistical difference between seeing and holding groups, simple descriptive statistics such as numbers (n), medians (Md), as well as inferential statistics such as relative risk (RR), 95% confidence interval (CI) and percentages (%) were used.

Findings

In total, 1,034 women answered the web questionnaire including women who gave birth prior to the 22nd week of gestation, however, only women giving birth after the 22nd gestational week were included in the study ($n=840$). Demographic data on women and their babies are indicated in Table 1.

Table 2 shows mother's feelings when seeing their stillborn baby in relation to how the baby was presented to them. Of the 840 mothers who responded to the survey, 692 stated that they saw their baby. Of these, 668 answered the questions about how the baby was presented and how they felt when seeing the baby. It was most common that the *providers asked if the mother wanted to see*, 366 (54%), followed by *providers offered the baby without asking* 217/668 (32%). *Mothers' self-request* was less common 82/668 (12%) with only three women who reported feeling pressured by the staff to see the baby (0.4%). The group who most commonly reported they were not at all frightened was the group assumptively offered the baby ($p=0.02$). This same group also reported that seeing the baby was not at all uncomfortable compared to the group who were asked if they wanted to see the baby 86% vs. 76% ($p=<0.01$). While not statistically significant, when providers offered the baby without asking, mothers more often reported that it felt very natural compared to those who were asked, 73% vs. 61% ($p=0.07$). This trend was also noticed for mothers who stated it felt very good (78%) when offered the baby compared to the group who were asked if they wanted to see their baby (69%) $p=0.19$. Only three/668 (0.4%) mothers stated that providers pressured them to see their baby, and as a result of these small numbers these data were not included in the analysis.

Table 3 shows women's feelings when holding their stillborn baby in relation to how the baby was presented to them. There were 578 mothers who indicated that they held their baby, and 547 answered the question about how they felt during the experience. Once again the most commonly chosen option was that *providers asked if the mother if she wanted to hold*, 279/547 (51%), followed by *providers assumptively offering the baby to the mother without asking* 141/547 (26%), *mothers' self-request* was

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Table 1
Demographic factors among 840 mothers* with stillbirth and their babies.

	n	%
Year of birth		
< 1990†	119	14.1
1990–1999	106	12.6
2000–2010	574	68.3
Not stated	41	4.9
Parity		
First pregnancy	476	56.7
Second pregnancy	216	25.7
Third pregnancy	104	12.4
Fourth pregnancy or more	44	5.2
The labour started		
Spontaneously	274	32.6
Induction	524	62.4
Caesarean section	42	5.0
Sex of the child		
Girl	404	48.1
Boy	436	51.9
Baby's weight		
500 GM or less	31	3.7
500 but less than 2000 GM	202	24.0
2000 GM or more	549	65.4
Not stated	58	6.9
Baby's week of gestation		
22–28	115	14.8
29–37	309	6.8
38 or more	416	49.5

* The mothers were 16–44 years at the time of the stillbirth (mean 30.4, SD 5.1, median 30).
† Range: 1955–1989.

Table 2
Women's feelings when seeing their stillborn baby in relation to how the baby was presented to them.

	Total	Staff showed my baby to me without asking		Staff asked if I wanted to see my baby		I asked if I could see my baby		Staff pressured me to see my baby	
	n=668	n=217	%	n=366	%	n=82	%	n=3	%
Natural									
A lot	159	73		224	61	57	70	1	33
Quite a bit	23	11		77	21	12	15	0	0
Somewhat	18	8		34	9	4	5	0	0
Not at all	17	8		31	8	9	11	2	67
Good									
A lot of	170	78		254	69	61	74	1	33
Quite a bit	21	10		63	17	9	11	0	0
Somewhat	8	4		19	5	4	5	0	0
Not at all	18	8		30	8	8	10	2	67
Uncomfortable									
Not at all	187	86		277	76	66	80	1	33
Somewhat	18	8		55	15	8	10	1	33
Quite a bit	8	4		23	6	3	4	0	0
A lot of	4	2		11	3	5	6	1	33
Frightening									
Not at all	173	80		258	70	64	78	1	33
Somewhat	28	13		63	17	10	12	0	0
Quite a bit	8	4		30	8	4	5	0	0
A lot	8	4		15	4	4	5	2	67

82/547 (15%), *mothers who took the baby in her arms by herself* 60/547 (11%) and 2/547 (0.4%) mothers reported feeling pressured by providers to hold the baby. There were no statistically significant figures; however, there was a trend toward mothers feeling natural, good, less frightened, and less uncomforted when providers offered the baby to the mother without asking.

Table 4 shows the frequency in number (n) and per cent (%) of seeing and holding the baby in relation to time since birth. Among the mothers who gave birth before 1990, 50/119 (42%) saw their baby and for mothers who gave birth after 1990 the figures for seeing were 609/680 (90%), RR 2.1, CI 1.7–2.6. For holding, the figures were 24/119 (20%) before 1990 and 527/680 (78%) after 1990, RR 3.9, CI 2.7–5.5.

Discussion

Our results indicate, despite statistically insignificant findings, that mothers feel more natural, good, and less frightened and uncomfortable when they see and hold their stillborn baby if providers assumptively offer the baby, rather than asking. This finding is interesting in light of research that suggests that mothers *who declined when asked* if they wanted to see or hold their babies have more severe long-term psychiatric sequelae than mothers who either saw or held their babies or who were never offered that same opportunity (Cacciatore et al., 2008). In addition, providers must be aware that mothers may decline seeing and holding their baby because of the nature of psychological trauma and profound fear.

There may be a variety of reasons why mothers report their experiences of seeing and holding more positively. One likely hypothesis is that provider comfort and acceptance may cue and normalise the mother's natural desire to see and hold her baby. Thus, simply offering the baby to the parents without asking may be the most helpful and natural way to provide psychosocial care. Conversely, asking if a mother whether or not she desires to see her baby is an unnatural question. Mothers of babies born alive are not routinely asked if they want to see their baby. Therefore, the mere positing of the question may incite a feeling of abnormity (Cacciatore et al., 2008), raising doubts in their minds about accepting their baby's dead body into their arms. Stillbirth is an exceedingly traumatic event, and of course mothers are unprepared to manage a stillbirth: they often defer to the advice of providers, simply doing whatever providers lead them to do. Asking mothers this crucial and irreversible question may imply that some mothers would not want to see or hold the baby, thus a spontaneous reaction under the emotional and physiological traumatic state of stillbirth may be to reply with a refusal. In addition, researchers have found that the spontaneous refusal to see the dead baby usually changes later when mothers have had an opportunity to think more clearly and are offered subsequent opportunities for contact (Rådestad and Christoffersen, 2008). During the interval between the refusal and a change of mind, a dead body undergoes many changes. For the first 30 mins, a stillborn baby feels soft and warm, much like a live baby, and many have later noted that contact during this initial period is invaluable (Rådestad et al., 2009, 2011). Our findings indicate that the mother's natural instincts to have contact with her baby can be supported if providers respond to a stillborn baby with the same approaching care, rather than avoidance, as a live born baby. Further, our findings support Cacciatore's theory of assumptive bonding, that is the process by which providers tenderly treat a baby who is stillborn just as a live born, assuming mothers will want to see and hold them following birth (Cacciatore, 2010).

However, some protocols now suggest that parents should be given a choice whether or not to see and hold their baby (Schott et al., 2007; NICE, 2010). This may be problematic because in order to give the parent's choice some providers may feel that they need to ask, 'Do you wish to see and hold your baby?' Asking this question implies that this may be an abnormal course of

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Table 3
Women's feelings when holding their stillborn baby in relation to how the baby was presented to them.

	Total	Staff gave the baby to me without asking		Staff asked if I wanted to hold my baby		I asked if I could hold my baby		I took the baby in my arms by myself		Staff pressured me to hold my baby	
	n=547	n=141	26%	n=279	51%	n=65	12%	n=60	11%	n=2	0.4%
Natural											
Very	108	77		192	69	51	78	44	73	2	100
Quite a bit	16	11		49	18	9	14	7	12	0	0
Somewhat	12	9		22	8	3	5	4	7	0	0
Not at all	5	4		16	6	2	3	5	8	0	0
Good											
Very	114	81		215	77	54	83	47	78	1	50
Quite a bit	12	9		39	14	8	12	7	12	0	0
Somewhat	8	6		12	4	2	3	2	3	1	50
Not at all	7	5		13	5	1	2	4	7	0	0
Uncomfortable											
Not at all	127	90		229	82	58	89	54	90	1	50
Somewhat	8	6		32	11	5	77	5	8	1	50
Quite a bit	4	3		14	5	0	0	1	2	0	0
Very	2	1		4	1	2	3	0	0	0	0
Frightening											
Not at all	114	81		211	76	57	88	52	87	1	50
Somewhat	21	15		45	16	3	5	5	8	0	0
Quite a bit	5	4		18	6	4	6	3	5	1	50
Very	1	1		5	2	1	2	0	0	0	0

Table 4
Seeing and holding the baby in relation to time when giving birth.

Number (n)	1955–1989 n=119	1990–1999 n=106	2000–2007 n=367	2008–2010 n=207
Saw the baby *n* (%)	50 (42%)	96 (91%)	324 (88%)	189 (91%)
Hold the baby *n* (%)	24 (20%)	80 (75%)	279 (76%)	168 (81%)

action for a mother or father, calling into question any natural desire to see and hold the baby. Furthermore, stillbirth can often be a painful and frightening experience for providers (Fenwick et al., 2007). Inexperienced staff might feel at a loss to know what to say or do, and perhaps may feel the need to follow protocols because this gives them reassurance that there is a 'right' way to manage the situation. It is therefore important that these protocols do not imply that the staff member should ask the parents if they want to see and hold their baby after birth.

Limitations

For the interpretation we must carefully consider that the stillbirths took place over a long period of time, 1955–2010 and that the mothers might have forgotten or altered their memory of what happened. A main limitation is that the respondents in this study were self-recruited, thus the depended variable 'how the stillborn baby was presented to the mothers' probably did not affect the mothers decision to participate in the study i.e. no effect on the validity. However we do not know if the outcome, i.e. feelings when seeing and holding the baby, may have affected self-selection into the study. Participants may have been more likely to respond to the survey if their experiences were good and may not have chosen to respond to the survey if their experiences had traumatised them. Other limitations in this study are the conditions to be able to participate i.e. access to a computer, being informed about the study and be motivated to answer a Webb questionnaire.

Stillbirths occurred during a broad time period, thus only few women giving birth before 1990 are included in the analysis of feelings when seeing and holding the baby due to the small number of women who were able to see and hold their babies born prior to 1990. The web questionnaire could be seen as an exploratory tool, developed on the basis of theoretical knowledge and clinical experience of meeting parents after the loss of a baby.

Conclusions

Mothers of stillborn babies more often said they felt natural, good, comfortable and less frightened if the staff supported assumptive bonding by simply offering the baby to the mother.

Implications for practice and further research

Since the decision not to hold the baby is an irreversible one and since mothers who are asked and then later decline experience greater levels of distress than other mothers, providers should refrain from explicitly asking mothers if they want to see or hold their babies. Instead, maternity care providers should approach caring for grieving mothers with tenderness and humility, assuming that they will wish to see and hold their stillborn baby. Long- term outcomes on quality of life, effects on partnership, and mental health would be other potential areas of research.

Conflict of interest

None.

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